PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
24126 75	590 04/04	/2008		have it					
ST. ONGE STEWARD JOHNSTON & REENS, LLC 986 BEDFORD STREET STAMFORD, CT 06905-5619					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
				[Daniella		MA A	(Depositor's name)	
				ļ	4 Jan	rick	CAN Y	(Signature)	
				L	July 3	, 20	308	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	OR ATT		NEY DOCKET NO.	CONFIRMATION NO.	
10/675,629	529 09/30/2003		Avinash Dalmia	Avinash Dalmia		03141-P0449A 4650		4650	
TITLE OF INVENTION: M COMPONENTS	AETHOD AND APPA	RATUS FOR DETERM	INING A TOTAL CO	NCEN	TRATION OF A	COMP	ONENT IN A MIX	TURE OF	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE F	PREV. PAID ISSUI	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300		\$0		\$1740	07/07/2008	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS						
MOSS, KERI A		1797	422-071000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys St. Onge Steward 1 Johnston & Reens LLC						
Change of correspondence address (or Change of Correspondence or agents OR, alternatively,									
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME ANI	O RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print o	or type))				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
PerkinElmer LAS, Inc. Shelton, CT									
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)									
Issue Fee Publication Fee (No:	A check is enclos		F Pro 2020		1E				
Advance Order - # o	The Director is he	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4516 (enclose an extra copy of this form).							
5. Change in Entity Status	•	*							
a. Applicant claims S			b. Applicant is no						
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Authorized Signature			DateJ	uly	7, 2008				
	•	Whitmyer, Jr.			Registration N				
This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313 Under the Paperwork Redu	-1450. DC	NOT SEND FEES OR	COMPLETED FORM	12 10	THIS ADDRESS	. SEND	10: Commissioner	for Patents, P.O. Box 1450,	